## **STATEMENT OF**

FORM 1	ORGANIZ (See instruc			Office use only
NAME OF COMMITTEE (in	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	Office dise offing
Nationwide M	utual Insurance Company Polit	ical Action Committee		
		l I I I I I I I I I I I I I I I I I I I		
ADDRESS (number and	1-27-10			
(Check if address is changed)	Columbus		OH	43215
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only one			
(Check if address is changed)	pac@nationwide.c	om 		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
	1,,,,,,			
2. DATE 0 4				
3. FEC IDENTIFICA	TION NUMBER	C C00076174		
4. IS THIS STATEM	NEW (N) OR	X AMENDED (A)		
I certify that I have exam	ned this Statement and to the best of my k	nowledge and belief it is true, correc	ct and complete	
Type or Print Name of	Treasurer Ms. Carol Dove	•		
Signature of Treasurer	Electronically Filed by Ms. Car	ol Dove	Date 0 4	1 1 4 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information r	nay subject the person signing this	•	
Office Use Only		For further informati Federal Election Com Toll Free 800-424-955	mission	FEC FORM 1 (Revised 02/2009)